

Paramedic Training Program

Application Package For August 2013 Class



3000 Campus Hill Drive
Livermore, CA 94551

Las Positas College Paramedic Program Application Package

The Paramedic program at Las Positas College is a **full-time** fee-based program (Fee: \$9,768) completed throughout three semesters (Fall, Spring and Summer). The didactic portion of the program class times:

Tuesday and Friday 8:00am to 4:30 or 5:50pm

The internship portion of the program class times (Summer 2014) will be varied depending ambulance placement.

Required Program Entrance Course/Certification:

- EMS 81 or equivalent EMT course
- Valid State of California EMT Certification

Required Program Entrance Courses*:

- Biology 50
- EMS 62

*Or equivalency. Equivalency reviewed by Program Director.

Certificate of Completion; Certificate of Achievement or Associate in Science Degree.

Upon completion of the training program, students will receive a Certificate of Completion and be eligible to sit for the NREMT-P written and skills examination. Students may also be eligible to earn a Certificate of Achievement and/or partial fulfillment of an Associate in Science Degree through the Credit by Examination process at Las Positas College.

To be eligible for the Paramedic Training Program, applicants must be 18 years of age or older and have the following by June 18, 2013:

- A completed Chabot Las Positas Community College District application if the applicant has not attended Las Positas or Chabot Colleges previously. www.laspositascollege.edu/admissions/new_students.php
- Current and/or Returning students must submit copies of the Chabot Las Positas College transcript.
- Copies of transcripts of **ALL** Required Program Entrance courses; Recommended Program Entrance courses must be completed with a grade of C or higher; OR if courses have been taken elsewhere, copies of transcripts from an accredited college attended must be provided.
- Ability to pass a background/criminal check and drug screening. Your placement will be contingent on passing the background/criminal check and drug screening.
- Foreign transcripts must be evaluated by a recognized evaluation service firm such as the International Education Research Foundation <http://www.ierf.org> to show U.S. equivalency of completion of the college level required courses.
- A completed Paramedic Program Student Application (Form A); Physical Evaluation form (Form B); Student's Work Reference form (Form C); **due via US Mail by June 18, 2013.**

Application Process: Applications are accepted starting **April 15th through June 17th, 2013. A completed application (all forms), all college transcript copies, and program fees MUST be mailed in a sealed envelope to the following address:**

*Las Positas College
Paramedic Program Application
3000 Campus Hill Drive
Livermore, CA 94551*

Fees must be paid in full and submitted with the Program Application. You may submit a check or money order made payable to Las Positas College or submit credit card information on the form provided.

Contact: For additional information or application questions, email Sebastian Wong at sewong@laspositascollege.edu or view the website at: <http://www.laspositascollege.edu/EMT/ParamedicTrainingProgram.php> or at: 925-424-1000, ext 2046.

The following guidelines provide applicant selection information:

Considered First: Those applicants with completed applications submitted by June 17th that show they have completed all the recommended courses. Those applicants with the highest GPA and/or Veteran status will be given priority. Students selected during this first round will be expected to sit for an examination on July 8th.

Considered Next: Those applicants with completed applications submitted by June 18th that show they will successfully complete the recommended courses by the end of the Spring 2013 semester. Students selected during this first round will be expected to sit for an examination on July 22nd.

Not Accepted: Those applicants whose applications are incomplete, or submitted after June 17th.

Twenty-four (24) students will be accepted with five (5) Alternates accepted. Students on "Alternate" status **must reapply** during the application period the next year if they are not admitted to the 2013 program.

Program Timeline

Application Period	April 15 th – June 17 th
First Round Notification	June 24 th
First Round Examination	July 8 th
Second Round Notification	July 15 th
Second Round Examination	July 22 nd
Final Acceptance Letters Sent	July 25 th
Background/Drug Testing	July 29 th
Program Start Date	August 20 th

If you are accepted into the program, all items below must be submitted NO LATER than July 29, 2013. Failure to do so may result in being excluded for enrollment in the program.

- Official Transcripts
- Background/Criminal Check Performed
- Completion of Drug Screening



Application must include copies of the following:

- High School Diploma/GED or equivalent
- Copies College Transcripts
- Current BLS HCP Card
- EMT Certificate (Current State of California or County EMS Authority)
- Student Application (Form A)
- Physical Evaluation (Form B)
- Student's Work Reference (Form C)
- Valid Drivers' License

Paramedic Application Due Date June 18th, 2013 (5:00pm)

For office use only

_____ Student Application (Form A)
_____ Personal Health History (Form B)
_____ Student's Work Reference (Form C)
_____ High School Diploma/GED or equivalent
_____ Copies College Transcripts
_____ Current BLS HCP Card
_____ Current EMT Certificate (Current State of California • County EMS Authority •)
_____ Valid Drivers' License

Date Received: _____

Date Reviewed: _____

Acceptance Letter Sent: _____

Non-Acceptance Letter Sent: _____

LAS POSITAS COLLEGE

Paramedic Program Information

Program Cost: \$9,768

- Fees do not cover Mandatory Field Internship (estimate \$1,500).
- Fees do not cover Optional Credit by Examination for “Certificate of Achievement” and/or “Associates of Science Degree” for Paramedic (estimate \$2,158.00). Program graduates are not required to utilize this option. It is available for students wishing to receive academic credit for transfer to other colleges and/or for the award of an Associates of Science degree or a Certificate of Achievement.
- Background and Criminal Check/Drug Testing (estimate \$97).

LPC EMT-P Course Fees will include:

- Dedicated Classroom, Lab Facilities, and Instruction
- Paramedic State Licensed Instructors
- Program Textbooks
- Laboratory Supplies and Materials
- Student Picture ID badge
- NREMT CBT fee (first attempt only)
- PALS and ACLS training with card
- Advanced Trauma and Treatment training with card
- Liability Insurance and Worker’s Compensation Insurance

Students shall be responsible for the following:

A. Uniform

- Dark Navy Blue Galls EMS Pants
- Black Basket Weave Belt with Silver Buckle
- Black EMS Duty Shoes or Boots are Recommended. (Tennis shoes or dress shoes may not be substituted for EMS footwear)
- Scrubs for Clinical Rotations* (Must be Purchased through LPC)
- Light Blue Uniform Shirts with Program Patch (Shirts will be Provided by LPC)

B. Transportation to and from class.

C. Transportation to clinical and internship rotations.

* Some clinical sites may require a special uniform.

In order to achieve the paramedic curriculum objectives, a student may be required to:

- Assist in lifting and carrying injured and/or ill persons to and from the ambulance.
- Engage in pushing and/or pulling to assist in extrication of a patient pinned beneath and inside a vehicle, and in vehicles with electrical hazards.
- Walk, stand, lift, carry, and balance in excess of 125 pounds without assistance, 250 pounds with assistance while lifting, pulling, pushing and carrying a patient.
- Stoop, kneel, bend, crouch and crawl on uneven terrain to gain access to a patient.
- Climb stairs, hillsides, and ladders to gain access to a patient.
- Communicate verbally in person, via telephone and radio equipment.
- Work in chaotic environments with loud noises and flashing lights.
- Perform patient assessments, implement treatment, and calculate weight and volume ratios under threatening time constraints.
- Work effectively in low light, confined spaces, extreme environmental conditions and other dangerous environments while remaining calm.
- Perform fine motor movements while in stressful situations and under threatening time constraints.

REFUND POLICY

Students may withdraw from the program prior to the 4th class session (August 30, 2013) to receive a refund of their enrollment fee excluding \$1000 processing and administrative fee.

Name of Applicant

Date: _____

Signature of Applicant



LAS POSITAS COLLEGE PARAMEDIC PROGRAM

(Form A)

Student Application

Name: _____ **Date:** _____
First Middle Initial Last

Mailing Address: _____
Street Apt. #

_____ City Zip

Home Phone: _____ **Cell/ Other:** _____

Social Security: _____ **W Number (LPC/ Chabot):** _____

Circle Highest Level of Education: Less than HS Diploma HS/ GED College 1 2 3 4

E-mail address: _____

Person to be notified in case of an emergency: _____

Phone number of emergency contact: _____

Relationship of emergency contact: _____

I currently hold the following health/ medical certifications or licenses:

Please describe any previous professional health/ medical work experience:

I have taken the following health/ medical classes:

I have the following volunteer experience related to health/ medical:

NOTICE: Please indicate by signing below, that you have read and understand the following statement: "State law requires Las Positas College to retain a Criminal/ Background and Drug Screening test in the student application file prior to placement in a clinical setting".

Have you ever been convicted of a felony? _____ yes _____ no

Have you ever been or currently under an investigative process or disciplinary action by a past or current employer?

Yes _____ No _____

I have read and understand the program information and statement above. The information I have given in this application is correct, to the best of my knowledge.

Signature: _____ Date: _____

LAS POSI TAS COLLEGE PARAMEDIC PROGRAM (Form B)

(To be completed by student's Physician, Nurse Practitioner, or Physician's Assistant)

Student's Name: _____ Date of Birth: _____

Medical History

Does student currently or in the past had any of the following:

Condition	Yes	No	If yes, please explain
Seizures or neurological disorder(s)			
Eye, ear, nose or throat disorder(s)			
Diabetes, thyroid or other endocrine disorder(s)			
Muscle, bone or joint disorder(s)			
Asthma or respiratory disorders(s)			
Heart or circulation disorder(s)			
Skin disorder			
Gastrointestinal disorder(s)			
Genito Urinary disorder(s)			
Psychiatric disorder(s)			
Hematological disorder(s)			

Previous Hospitalizations or Surgical History (date and reason): _____

Current Medications: _____

Is student currently pregnant? Yes No **Allergies:** _____

Physical Examination: This is a physical evaluation for occupational ability and is not to be interpreted as a diagnostic medical examination.

Height:	Weight:	B/P:	Pulse:
Ears, nose, & throat:			
Neck:		Lymph Nodes:	
Skin:			
Heart:			
Abdomen:			
Extremities:			
Neurological, Auditory, Visual:			
Immunizations Record			
Immunization	Immunization Date or Lab Test Date	Please Attach Documentation	
MMR (measles, mumps, rubella) OR Measles (rubeola) Mumps Rubella	1. _____	A. _____ Record of immunization	
	2. _____	OR	
	1. _____	A. _____ Record of immunization	
	2. _____	B. _____ Positive antibody titer	
	1. _____	A. _____ Record of immunization	
	1. _____	B. _____ Positive antibody titer	
Varicella (chicken pox)	1. _____	A. _____ Record of immunization	
	2. _____	B. _____ Positive antibody titer	
Hepatitis B	1. _____	A. _____ Completed series	
	2. _____	B. _____ In progress series	
	3. _____	C. _____ Positive antibody titer	
Tetanus-Diphtheria-Pertussis (Tdap)	1. _____	A. _____ Record of immunization	
Tuberculin Tests:	1. _____	A. _____ Record of negative ppd, step 1	
2-Step, Blood Draw, Or Chest X-Ray	2. _____	_____ Record of negative ppd, step 2	
Negative test required or a	3. _____	B. _____ Record of negative ppd by blood draw	
Clear Negative Chest X-ray		C. _____ Negative Chest X-ray	
Seasonal Influenza Vaccine	1. _____	A. _____ Record of immunization	

Physician, Nurse Practitioner, or Physician's Assistant Signature: _____ Date _____

Name typed or printed: _____

Address: _____ Phone Number: _____



(Form C)
Student's Work Reference
(This form is to be filled out by a current or previous supervisor.)

Student Name: _____ Date: _____

Mr. /Mrs. /Ms. _____ has applied for admission to Las Positas College Paramedic Program and has given your name as a reference. In order to be considered for the program, we need your candid opinions as to the applicant's suitability to perform the duties of a Pre-Hospital Care Paramedic.

ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

1. How long have you known the applicant? _____

2. In what relationship have you known the applicant? Supervisor _____

3. Did the person have any problems in attendance? Yes _____ No _____ If yes, please explain:

4. Did the person have any problems with tardiness? Yes _____ No _____

5. What positive qualities or characteristics does the applicant possess that would contribute to his/her ability to succeed in the medical field? _____

6. Please use this area to make any additional comments you may have _____

Print Name: _____

Signature: _____ Date: _____

Title: _____ Phone: _____